

The demand must be filed directly with the competent International Preliminary Examining Authority, or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ EP

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty.

The undersigned requests that the international application specified below be the subject of International preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only

Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
International application No <i>PCT/US03/33207</i>	International filing date (day/month/year) <i>20 October 2003 (20.10.2003)</i>
(Earliest) Priority date (day/month/year) <i>18 October 2002 (18/10/2002)</i>	
Title of invention NEW ANTITUMORAL COMPOUNDS	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Pharma Mar, S.A.U. Polígono Industrial La Mina Avda. de los Reyes, 1 Colmenar Viejo, Madrid, E-28770, Spain	Telephone No. Facsimile No. Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: ES	State (that is, country) of residence: ES
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Glynn Thomas Faircloth PharmaMar USA Inc., 320 Putnam Avenue Cambridge, MA 02139-4616 US	
State (that is, country) of nationality: US	State (that is, country) of residence: US
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) ELICES, Mariano PharmaMar USA Inc., 320 Putnam Avenue Cambridge, MA 02139-4616 US	
State (that is, country) of nationality: ES	State (that is, country) of residence: US
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

SASAK, Halina
PharmaMar USA Inc.,
320 Putnam Avenue
Cambridge, MA 02139-4616
US

State (that is, country) of nationality:
PL

State (that is, country) of residence:
US

Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Aviles Marin, Pablo Manuel
PharmaMar, S.A.U.
Poligonio Industrial La Mina,
Avda de los Reyes, 1
Colmenar Viejo
Madrid, E-28770,
Spain

State (that is, country) of nationality:
ES

State (that is, country) of residence:
ES

Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Cuevas Marchante, Maria del Carmen
Poligonio Industrial La Mina,
Avda de los Reyes, 1
Colmenar Viejo
Madrid, E-28770,
Spain

State (that is, country) of nationality:
ES

State (that is, country) of residence:
ES

Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to
 the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation.
 The address must include postal code and name of country.)*

MYERS, Louis
 Fish & Richardson P.C.
 225 Franklin Street
 Boston, Massachusetts 02110-2804
 United States of America

Telephone No.
 (617) 542-5070

Facsimile No.
 (617) 542-8906

Teleprinter No.

Agent's registration No. with the Office
 35,965

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the
 space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

<input checked="" type="checkbox"/>	the international application as originally filed
<input type="checkbox"/>	the description as originally filed
<input type="checkbox"/>	as amended under Article 34
<input type="checkbox"/>	the claims as originally filed
<input type="checkbox"/>	as amended under Article 19 (together with any accompanying statement)
<input type="checkbox"/>	as amended under Article 34
<input type="checkbox"/>	the drawings as originally filed
<input type="checkbox"/>	as amended under Article 34
 2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
 3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
 4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).
- * Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purpose of international preliminary examination: English

- which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

See Notes to the demand form

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Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

			For International Preliminary Examining Authority use only
			received not received
1.	translation of international application	: sheets	<input type="checkbox"/> <input checked="" type="checkbox"/>
2.	amendments under Article 34	: sheets	<input type="checkbox"/> <input checked="" type="checkbox"/>
3.	copy (or, where required, translation) of amendments under Article 19	: sheets	<input type="checkbox"/> <input checked="" type="checkbox"/>
4.	copy (or, where required, translation) of statement under Article 19	: sheets	<input type="checkbox"/> <input checked="" type="checkbox"/>
5.	letter	: sheets	<input type="checkbox"/> <input checked="" type="checkbox"/>
6.	other (specify)	: sheets	<input type="checkbox"/> <input checked="" type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | | | |
|--|--|-----------------------------|--|
| 1. <input checked="" type="checkbox"/> | fee calculation sheet | 5. <input type="checkbox"/> | statement explaining lack of signature |
| 2. <input type="checkbox"/> | original separate power of attorney | 6. <input type="checkbox"/> | sequence listing in computer readable form |
| 3. <input type="checkbox"/> | original general power of attorney | 7. <input type="checkbox"/> | tables in computer readable form related to sequence listing |
| 4. <input type="checkbox"/> | copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> | other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs if such capacity is not obvious from reading the demand.



Louis Myers, Agent for Applicant(s)

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1. Date of actual receipt of DEMAND:
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):
3. The date or receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
 The applicant has been informed accordingly.
4. The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.
5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.
6. The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
7. The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
8. Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

See Notes to the demand form

CHAPTER II**PCT****FEE CALCULATION SHEET****Annex to the Demand**

International application No. PCT/US03/33207	For International Preliminary Examining Authority use only Date stamp of the IPEA
Applicant's or agent's file reference 14620-027WO1	
Applicant PharmaMar, S.A.U.	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee \$1,530.00 P	
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) \$129.00 H	
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box \$1,659.00 TOTAL	
MODE OF PAYMENT	
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (specify): _____	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>	
IPEA/ <u>EP</u> <input checked="" type="checkbox"/> Authorization to charge the total fees indicated above. <input checked="" type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	
Deposit Account No.: <u>28300223</u> Date: <u>20/09/04</u> Name: <u>Louis Myers</u> Signature: <u>Louis Myers</u>	

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